



CITY OF SUGAR LAND  
PUBLIC WORKS

### ADOPT-A-SPOT WAIVER

Participants Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

The undersigned applicant does agree to hold harmless the City of Sugar Land, its officers and employees, from any claim of any nature growing out of participation in the Adopt-A-Spot Program, as herein described; and in the event a claim would be made, agrees to fully cooperate with the City of Sugar Land, its insurance carriers or any other person or organization designated by the City to investigate such claims and to provide such information as shall reasonably be necessary and/or required.

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*(Parent signature needed if participant is under 18 years of age)*

***Each person participating in an Adopt-A-Spot Clean Up **MUST** mail, fax or deliver a signed copy of this form to the Public Works Department. One waiver per participant, per adoption year.***